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| | | |
|--|-------------------------------|---------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 08049-0765 |
| | First Named Inventor | Robert Krause |
| | COMPLETE IF KNOWN | |
| | Application Number | 839, 241/09 |
| | Filing Date | |
| | Art Unit | |
| | Examiner Name | |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Internet Change of Address

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 04/23/01 as United States Application Number or PCT International

Application Number 839, 241/09 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below

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Address

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State

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Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Robert

Family Name
or Surname

Krause

Inventor's
Signature

Date

1/17/02

Residence: City

Severna Park

State

MD

Country

USA

Citizenship

US

Mailing Address

219 Wiltshire Lane

City

Severna Park

State

MD

ZIP

21146-4038

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Wayne H.

Family Name
or Surname

Orbke

Inventor's
Signature

Date

Residence: City

Germantown

State

TN

Country

USA

Citizenship

US

Mailing Address

2685 Hacks Cross Road

City

Germantown

State

TN

ZIP

38138-6027

Country

USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

PTO/5B/01 (10-01)

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 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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 (37 CFR 1.16 (e))
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| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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(Page 1 of 2)

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PTO/SB/01 (10-01)

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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) Wayne H.Family Name
or Surname OrbkeInventor's
Signature

Date

Residence: City

Germantown

State TN

Country USA

Citizenship US

Mailing Address

2605 Hacks Cross Road

City

Germantown

State TN

ZIP 38138-6027

Country USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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AUTHORIZATION OF AGENT**

| | |
|------------------------|-------------|
| Application Number | 839, 241/09 |
| Filing Date | 04/23/01 |
| First Named Inventor | |
| Title | |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

I hereby appoint:

☒ Practitioners at Customer Number

22852

Finnegan, Henderson

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

Telephone

State

Zip

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Wayne H. Orbke

Signature

Date

1/18/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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☐

Declaration
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with Initial
Filing

OR

☒

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

08049-0765

First Named Inventor

MICHAEL SELNICK,
(Robert Krause et al.)**COMPLETE IF KNOWN**

Application Number

839, 241/09

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Internet Change of Address

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the specification of which

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|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

PTO/SB/01 (10-01)

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Attorney Docket Number

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First Named Inventor

Robert Krause

COMPLETE IF KNOWN

Application Number

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Prior Foreign Application
Number(s)

Country

Foreign Filing Date
(MM/DD/YYYY)Priority
Not ClaimedCertified Copy Attached?
YES NO☐
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PATENT APPLICATION
(37 CFR 1.63)**

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| | |
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| First Named Inventor | Robert Krause |
| COMPLETE IF KNOWN | |
| Application Number | 839, 241/09 |
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| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page ____ of ____

| | | | |
|---|-----------------|---|-----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Harry W. | | Family Name or Surname Aldstadt | |
| Inventor's Signature <i>Harry W Aldstadt</i> | | Date 1/17/2002 | |
| Residence: City Woodbridge | State VA | Country USA | Citizenship US |
| Mailing Address 13201 Windy Leaf Ct | | | |
| Mailing Address | | | |
| City Woodbridge | State VA | ZIP 22192-4903 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |
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| Given Name | | Family Name or Surname | |
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| Residence: City | State | Country | Citizenship |
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| Mailing Address | | | |
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name Michael

Family Name or Surname Murphy

Inventor's Signature 

Date Jan. 17, 2002

Residence: City Collierville

State TN

Country USA

Citizenship US

Mailing Address 1154 Sugar Lane

Mailing Address

City Collierville

State TN

ZIP 38017-6856

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

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Citizenship

Mailing Address

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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | |
|---|-----------------|---|-----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Audrey K. | | Family Name or Surname Conley Williams | |
| Inventor's Signature | | Date | |
| Residence: City Memphis | State TN | Country USA | Citizenship US |
| Mailing Address 7742 Redfearn Circle N | | | |
| Mailing Address | | | |
| City Memphis | State TN | ZIP 38133 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Gerald | | Family Name or Surname Matthews (Deceased) | |
| Inventor's Signature <i>Pat Matthews</i> | | Date 1-17-02 | |
| Residence: City Germantown | | State TN | Country USA |
| Mailing Address 2648 Southmoore Cove | | | |
| Mailing Address | | | |
| City Germantown | State TN | ZIP 38136 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
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Please type a plus sign (+) inside this box 

PTO/SB/01 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

| | |
|------------------------|-------------|
| Application Number | 839, 241/09 |
| Filing Date | 04/23/01 |
| First Named Inventor | |
| Title | |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

I hereby appoint:

☒ Practitioners at Customer Number

22852

Pinnegan, Henderson

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☐ Practitioner(s) named below:

| Name | Registration Number |
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Gerald Matthews (Deceased), Pat Matthews, Legal Representative
for Deceased

Signature

Pat Matthews

Date

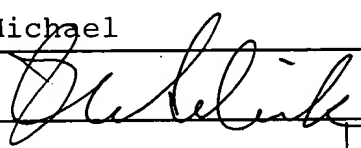
1-17-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page ____ of ____

| | | | |
|---|-----------------|---|-----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Michael | | Family Name or Surname Selnick | |
| Inventor's Signature  | | Date 1-17-02 | |
| Residence: City Reston | State VA | Country USA | Citizenship US |
| Mailing Address 12025 Lake Newport Road | | | |
| Mailing Address | | | |
| City Reston | State VA | ZIP 20194-2741 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

08049-0765

First Named Inventor

Robert Krause

COMPLETE IF KNOWN

Application Number

839, 241/09

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Internet Change of Address

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

04/23/01

as United States Application Number or PCT International

Application Number

839, 241/09

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/025 attached hereto:

(Page 1 of 2)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page ___ of ___

| | | | |
|--|-----------------|---|-----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Audrey K. | | Family Name or Surname Conley Williams | |
| Inventor's Signature <i>Audrey K. Conley Williams</i> | | Date <i>1/17/02</i> | |
| Residence: City Memphis | State TN | Country USA | Citizenship US |
| Mailing Address 7742 Redfearn Circle N | | | |
| Mailing Address | | | |
| City Memphis | State TN | ZIP 38133 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Gerald | | Family Name or Surname Matthews (Deceased) | |
| Inventor's Signature Pat Matthews (Legal Representative for Deceased) | | Date | |
| Residence: City Germantown | State TN | Country USA | Citizenship US |
| Mailing Address 2648 Southmoore Cove | | | |
| Mailing Address | | | |
| City Germantown | State TN | ZIP 38138 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
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| City | State | ZIP | Country |

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